



# South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200  
Columbia, South Carolina 29223

Mailing Address:  
P.O. Box 100105, Columbia, S.C. 29202-3105  
Telephone: (803) 737-6095

MARK SANFORD  
Governor

ELEANOR KITZMAN  
Director of Insurance

## APPLICATION FOR THE CONTINUATION OF NON-RESIDENT MOTOR VEHICLE DAMAGE APPRAISER LICENSE FOR PERIOD OCTOBER 1, 2005 THRU SEPTEMBER 30, 2007.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SNN: \_\_\_\_\_

This application must be completed in its entirety and returned to this Department by the end of August. If Application and fee are not received within stated period, your Motor Vehicle Damage Appraiser's License will be cancelled. See enclosed notice regarding amount of fee for Non-Resident. PENALTY FOR LATE FILING IS A DOUBLE FEE. Make remittance payable to South Carolina Department of Insurance.

### SECTION 1 – PERSONAL INFORMATION

SOC. SEC. NO	LAST NAME	FIRST NAME	MI	JR/SR
HOME STREET ADDRESS (Do not use a P.O. Box No.)		CITY	STATE	ZIP CODE
HOME PHONE NO.				
MAILING ADDRESS		CITY	STATE	ZIP CODE
BUSINESS ADDRESS		CITY	STATE	ZIP CODE

Your Social Security No. will be used by the Department for identification purposes only. It will not be released as public information.

### SECTION 2 – EMPLOYMENT INFORMATION (This Section must be completed each year)

Are you currently employed as Motor Vehicle Damage Appraiser? Yes: \_\_\_\_ No: \_\_\_\_

NAME OF FIRM OR COMPANY	BUSINESS TELEPHONE NO.		
STREET ADDRESS	CITY	STATE	ZIP CODE

### SECTION 3 -- REQUIREMENTS

You must meet one of the following requirements in order to renew your South Carolina non-residence license:

- ☐ I am currently licensed as a Motor Vehicle Damage Appraiser in my state of residence.  
☐ I am licensed as a non-residence Motor Vehicle Damage Appraiser in the State of \_\_\_\_\_ and qualified for the license by passing a Motor Vehicle Damage Appraiser examination.  
☐ I passed the South Carolina exam

### SECTION 4 – APPLICANT'S SWORN STATEMENT

I do solemnly swear that all information contained within this application is complete, true, and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**PLEASE NOTE: Your License is permanent and a new license will not be issued. Your cancelled check will serve as receipt.**